Connecting Population Results to Outcome MCSIFCS-DVHAS Progress

Governor's Cabinet on Nonprofit Health and Human Services Population Results Workgroup

Evaluation, Quality Management, and Improvement Karin.Haberlin@ct.gov Karin Haberlin, MA

March 1, 2013



About DMHAS

and respect. services that foster self-sufficiency, dignity efficient mental health and addiction network of comprehensive, effective and Connecticut by providing an integrated improve the quality of life of the people of Mental Health and Addiction Services is to MISSION: The mission of the Department of

About DMHAS

DMHAS' mandate is to serve adults (over 18 years of age) with psychiatric or substance use disorders, or both, who lack the financial means to obtain such services on their own.

special needs, such as Collaborate with other agencies and providers to serve people with

- HIV/AIDS
- Criminal Justice
- Problem Gambling
- Pregnant Women
- Acquired/Traumatic Brain Injury (ABI/TBI)
- Deaf and Hard-of-Hearing
- Co-Occurring Addiction and Mental Illness
- DCF Clients Transitioning to Adult System

DMHAS Contracting

144 Private Non-Profit (PNP) Providers

Agreements 839 Programs Funded through Human Services

51 Levels of Care

20 Performance Measures (total; actual # varies by level of care)

Performance Measure Examples

- Mobile Crisis Team and team arrival; # of days between Process Measures: time elapsed between request for initial evaluation and first outpatient session
- data without missing/unknown values Quality Measures: % of timely data submissions; % of
- federally required National Outcome Measures (NOMs) for the Substance Abuse and Mental Health Services functioning (GAF score) since last assessment, % living Outcome Measures: % employed, % improved Administration (SAMHSA) independently; consumer satisfaction. Most of these are

DMHAS Provider Quality Dashboard Sections

- Dashboard Header with basic provider information
- Provider Utilization
- Client Demographics
- Receiving Services TCM (Targeted Case Management) Eligible Clients
- Unique Clients by Level of Care
- Consumer Satisfaction Survey

Connecticut Dept of Mental Health and Addiction Services Provider Quality Dashboard

Reporting Period: July 2011 - June 2012 (Data as of October 4, 2012)

Provider Activity

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> 10% Over 1 Yr Ago	Bed Days	Service Hours	Discharges	Admile	Unique Clients	Moaeura
* * * *	38,697	106,270	2,338	2,479	4,262	Adul
r > 10% Under 1Yr Ago	42,271	74,848	2,275	<u> 22</u>	4,396	1 Y / / / / / / / / / / / / / / / / / /
Ng.	-8%	42%	3%	10%	-3%	Variance %
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Re	idential Services		
Emp	loyment Services		107
Mental Health			
Case Management 248 5.8%	Case Management		248 5,8%
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Consumer Satisfaction Survey (Based on 740 FY11 Surveys)

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	80%	80%	80%	80%	80%	%0B	80%	80%	Goal %
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			her Pacific Islander 5 0%	Multiple Races 11 0%	Unknown 15 0%	la la		2,978			- X		يسك.	

DMHAS Program Quality Dashboard Sections

- Dashboard Header with basic program information
- Program Activity
- Data Submission Quality
- Data Submitted to DMHAS by Month
- Discharge Outcomes
- Recovery (National Outcomes Measures (NOMs))
- Service Engagement (Washington Circle measures)
- Service Utilization
- Bed Utilization
- Evaluations Crisis/Jail Diversion

Program Activity

Reporting Period: July 2011 - June 2012 (bate as of occuber 4, 2012)

Addiction - Residential Services - Intermediate/Long Term Res. Tx 3.5

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0.1	-28%	13,871	10,028	Bed Days
13.	14%	jant jant [J]	131	Discharges
O.	40%	99	139	Admits
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Data Submission Quality

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Discharge Outcomes

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Actual vs Goal	ENY esers	Goal %	Actual %	Actus	Actual % vs Gost %	

Recovery

Follow-up within 30 Days of Discharge

Actual % ys Gost %

Actual Actual % Ŋ

Goal % 3606 3606

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-39% ***

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42%	71%	State Any	
-54% ·	1%	At feed we form	

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od/Maintained Axis V GAF Score	1177.11.11	X	41%	95%	428

-54%

Bed Utilization

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Data Submitted to DMHAS by Month

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* State Avg based on 40 Active Intermediate/Long Term Res.Tx 3.5 Progr



Reporting Period: July 2011 - June 2012 (Data as of Octaber 4, 2012)

Mental Health - Outpatient - Standard Outpatient

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78%	State Avg	48%	State Avg	37.70		8	State Avg				-9%	41%	223% 🗻	-5%	%	
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60%	Actual %		96%	Actual %		,	% % 90	18%	9%66	83%	85%	Actual %		38%	Actual %	
75%	Goal %		90%	G021 %		9	75%	30%	95%	60%	60%	% FEG.		50%	Goal %	
60%	State Avg		82%	state Avg		1	20%	16%	71%	%0I	43%	State Avg		37X	State Avg	
-15% 🌞	actual vs Goal		5%	ACUAL SE GEST			-66%	-12% 🐃	4%	23%	25%	Actual vs Coal		-12% · *	Actual vs Coal	

Data Submitted to DMHAS by Month

Valid Axis V GAF Score Valid Axis I Diagnosis

73%

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Actual State Avg 100% 100%

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MANAGORY W.												

10% Over * < 10% Under

Actual Goal Goal Met 💸 Below Goal

* State Avg based on 89 Active Standard Outpatient Programs

Reporting Perfort: July 2011 - June 2012. (Data as of October 4, 2012)

Mental Health - Inpatient Services - Acute Psychiatric

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					Follow-up within 30 Days of Discharge				
% Actual Actual % Goal % State Avg Actual vs Goal			352	Actual % vs Soal %		41%	2,164	3,056 2,164	Bed Days
65 88% 85% 76% 3%	1702367	1702367	1702367		No Re-admit within 30 Days of Discharge	-9%	65	74	Discharges
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71 96%	71 96%	71			.w.	0%	77	77	Unique Clients
% Actual Actual % Goal % State Avg Actual vs Goal	Actual Actual %	% Actual	36			are %	Yr Ago Vari	Actual 1 Yr Ago Variance %	Measure
					Discharge Outcomes		Ţ	Program Activity	Ž

Data Submitted to DMHAS by Month

Avg Utilization Rate

12 Month Trend Beds

342 days Awg LOS

9

417%

108%

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State Avg Actual vs Goal

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Programs

Feedback Loop

- (typically upper management/data quality) Quality Reports emailed to provider staff
- questions/comments Provider forums held at Connecticut Valley Hospital for report "walk through" and fielding
- Providers have one month review period; may are logged and discussed frequently. submit issues for review by EQMI staff, which

Feedback Loop

quarter to see improvements bugs found; otherwise, providers wait till next In past, reports have been reissued if major

to DMHAS internet website (end of FY13?) Future goal: post provider and program reports

Lessons Learned

- reports were information-dense with small print; Less is more – previous versions of provider long reports tend not to be read
- previous versions strong negative reactions to the use of red in Do not underestimate the power of color –
- that you've never even considered Provider staff can and will identify issues/quirks

Lessons Learned

- Collaborative, respectful approach is key
- as possible (sometimes, people leave) Try to involve as many of your colleagues
- Be flexible with deadlines

Department of Children and Based Accountability at the Implementing Results Families

Connecting Population Indicators to POS Performance Measures

How Population Performance Accountability IT TOGETHE

THE LINKAGE Between POPULATION and PERFORMANCE

POPULATION ACCOUNTABILITY

Healthy Births

POPULATION RESULTS

Rate of low birth-weight babies

Children are Safe

Rate of child abuse and neglect

Children Ready for Future Success

Percent fully ready per K-entry assessment

PERFORMANCE ACCOUNTABILITY

Child Welfare Program

of families served by community provider agencies

of families with new reports to Careline CUSTOMER

RESULTS

Contribution relationship

Alignment of measures

Appropriate responsibility

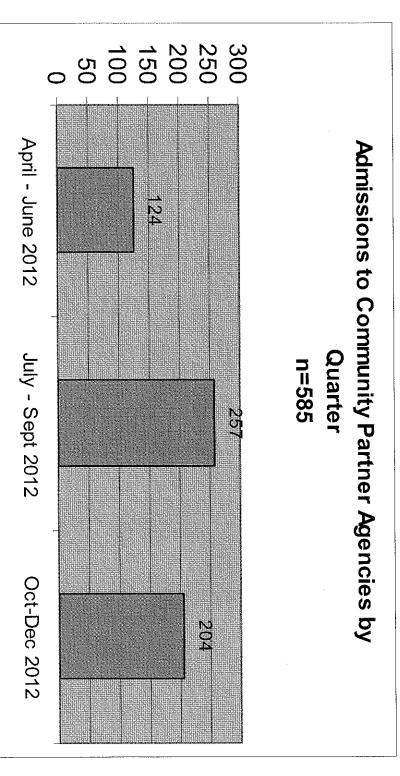
Adapted from Mark Friedman: RBA101

Connecticut's Children live in stable environments, are safe, healthy, and ready for future success

Strategy #2. Apply strength-based, family-centered policy, practice and programs agency-wide

- 2.1 Fully implement Child and Family Teaming
- 2.2 Support and evaluate the DCF Family Assessment Kesponse
- 2.3 Assure sibling connections
- 2.4 Expand and support kinship foster family care
- 2.5 Expand the DCF Fatherhood Initiative
- 2.6 Meet Juan F. Consent Decree case planning requirements

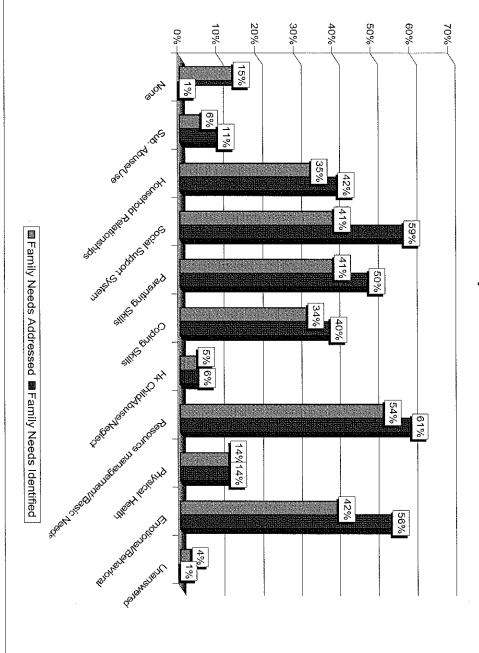
Families Served by Community Partner Agencies April 2012 through December 2012



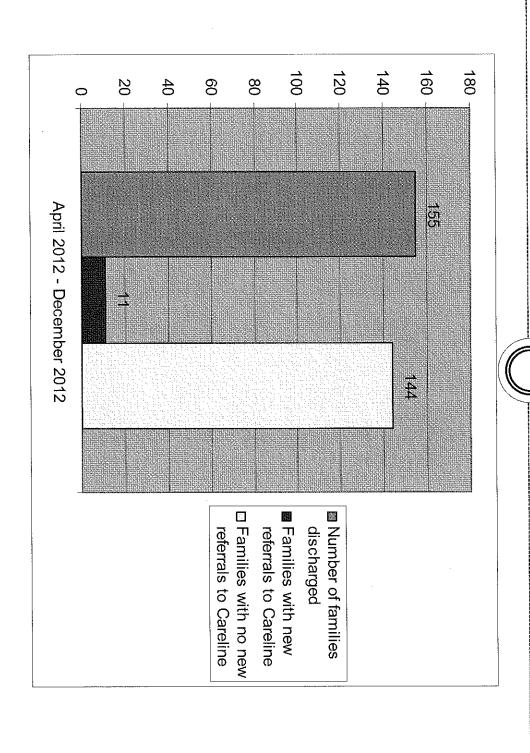
Family Needs Identified and Addressed April 2012 through December 2012



Family Needs Identified and Addressed



April 2012 through December 2012 Families completing Services



Key Components of DCF's RBA Implementation

- Leadership Commitment
- ☐ Strategic Plan
- □ Staff Training
- Provider Outreach
- Ongoing Education and Awareness
- Development of RBA Contract Performance Measures
- services Use of performance data and client outcomes to manage
- Participation in inter-agency efforts

Cross-Agency Results Statements

- All Connecticut residents live in safe families and communities
- All Connecticut residents are economically secure.
- All Connecticut residents are developmentally, physically, and mentally healthy across the life span.
- All Connecticut residents succeed in education and are prepared for careers, citizenship and life.
- choosing. All Connecticut residents who are elderly (65 +) or have disabilities live engaged lives in supportive environments of their
- All children grow up in a stable environment, safe, healthy and ready to succeed

All children served by DCF grow up healthy, safe, smart and strong DCF contribution to the CT Results Statement

Age-appropriate development
Healthy weight
Optimal receipt of health services from prevention through treatment
Good mental health

SMART (Future Success)

Entry to kindergarten readmess
Reading at "goal" in 3rd grade
Grade level school performance K-12
On-time high school graduation rate
Post-secondary training, education or
employment

SAIE

Child abuse/neglect numbers and rates
Re-entry numbers and rates
Parental functioning broadly defined
Abuse IDd by ER medical staff

STRONG (Stable)

School attendance
Multiple placements or family
homelessness
Parental substance abuse, domestic
violence or mental illness
Parental education level

DCF Strategic Plan

- Strategic Plan developed using RBA Aligned with CTKids Report Card Aligned with Cross-Agency Results Statements **Nine Strategies**
- Increase investment in prevention and health promotion
- Apply strength-based, family-centered policy, practice and supports agency-wide
- Develop or expand regional networks of in-home and community services
- Congregate rightsizing and redesign
- Address the needs of specific populations
- Support collaborative partnerships with communities and other state agencies
- Support the public and private sector workforce
- Increase the capacity of DCF to manage change *and* ongoing operations
- Improve revenue maximization and develop reinvestment priorities and methods

Strategy 8: Increase the operational capacity of the Department to effectively manage both change and ongoing operations

- 8.1 Revise policies and practice guidance
- Improve management practices, including performance contracting
- 8.3 Expand internal DCF data systems
- Expand the use of evidence-based and promising program models
- Utilize DCF Change Management and Communities of Practice
- 8.6 Improve strategic communications
- 8.7 Expand workforce development and training

Community Based Services Outcomes Committee (CBSO)

- In order to improve system efficiency, accountability and enhances, and monitors standard performance measures and outcomes for children and families, The CBSO develops, client-based outcomes for all purchased services
- The CBSO meets regularly to ensure ongoing and systematic develop and support the role of DCF program leads progress in developing contract performance measures, and to

Community Based Services Outcomes Committee (CBSO)

- "Outcomes" catalogued and characterized into approximately 20 categories for all 70 service types
- Analysis of outcomes and categories as RBA performance measures versus
- Program/model requirements
- Contract compliance issues
- Establish RBA Pilot Project

RBA Pilot Project

- Target 10 program types for RBA program measure development project
- Re-procurement
- Re-design
- RBA pilot group

RBA Performance Measure Development

- Creation of performance measure development worksheet
- Review types of monitoring and performance measures
- Review RBA performance measure types
- Categorization of existing contract outcomes
- Process to develop new RBA performance measures with a focus on client outcomes
- Proposed RBA performance measures by type
- Meet with program leads for training and TA
- proposed performance measures, Program leads work with provider groups to develop
- Meet to review and revise (if necessary)

RBA Performance Measure Development

- Develop proposed performance measures:
- How much did we do?
- How well did we do it?
- Is anyone better off?
- Develop items for exclusion:
- What can providers stop reporting?
- Model components or contract compliance items that should not be confused with outcomes
- Identification of data sources
- Who will collect the data, and how?
- Who will report the data; how and how often?
- Who will analyze the data, and how will it be used?

Ongoing Workplan

- System-wide Implementation
- All New Programs
- All Re-designed Programs
- All Re-procured Programs
- Contract Renewals through prioritized schedule

Lessons Learned

- Know how you will utilize performance measures and outcome
- Use of performance measures and outcomes to manage contracts
- use data to understand program performance
- don't be surprised by your RBA Report Card

Program Leads

collaboration roles The CBSO supports the work of program leads in their oversight and

Great Ideas

Nothing will ever be attempted if all possible objections must first be overcome

Samuel Johnson 1709 – 1784, British Author

Governor's Cabinet on Nonprofit Health and Human Services Population Results Workgroup

Minutes

Friday, March 1, 2013

Legislative Office Building, Room 2600, Hartford, CT

Attendees Present: Ajit Gopalakrishnan, Anne McIntyre-Lahner, Rhonda Evans, Karin Haberlin, Nancy Roberts, Karl Lewis, Peter DeBiasi, Elizabeth Jenkins-Donahue, Yvette Bello, Rick Porth, Bennett Pudlin, Susan Keane, Commissioner Roderick Bremby, Cynthia McKenna

	benruojbA
March 22,13 1-4pm Room 2600 (room still needs to be confirmed)	Mext meeting
measures in contracts	
have incorporated population indicators and performance	
(DMHAS) presented to the workgroup as to how their agencies	
Anne McIntyre-Lahner (DCF) and Karin Haberlin	Presentations to the Workgroup
the collection of data.	·
measures in their contracts/grants processes and oversee	
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Group will also provide support to agencies in the	
disseminate up-to-date data and house the indicators.	
3. Identify the data group/system that will maintain and	
adoption and Governor's approval	
that the group will recommend to the cabinet for formal	
in the data. Then recommend final refined list of indicators	
2. Refine the list of population indicators by actually plugging	
in the contract/grant process	
happening with the incorporation of population indicators	
To Pilot, explore, and document what is already	Group charge
Rhonda Evans from Dept. of Social Services	New Member
noitaA oV	Minutes
Action	Metha Item

Governor's Cabinet on Nonprofit Health and Human Services Population Results Workgroup

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Friday, March 15, 2013, 1pm-3pm

Legislative Office Building, Room 2600, Hartford, CT

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Indicator Refinement and Funder Process	
Next steps	External Presentations Recommendations
	CT State Data Center - Michael Howser
Meeting Focus-Data Systems	Presentation by:
Review/Revisions & Approval of March 1 Minutes	
mətl abnəgA	Action